
Therapeutic Presence: Therapists' experience of presence in the psychotherapy encounter

Therapeutische Präsenz: Erfahrungen von Therapeuten mit Präsenz in der
psychotherapeutischen Begegnung
La Presencia Terapéutica: La Experiencia de la Presencia que viven los
Terapeutas en el Encuentro de la Psicoterapia

Shari M. Geller and Leslie S. Greenberg
York University, Toronto, Canada

Abstract. A qualitative study was conducted with expert therapists who are proponents or have written about presence and its importance in psychotherapy. Based on a qualitative analysis of therapists' reports, a working model of therapeutic presence was developed. This included three emergent domains. One domain entails *preparing the ground for presence*, referring to the *pre-session* and *general life preparation* for therapeutic presence. The second domain describes the *process of presence*, the processes or activities the person is engaged in when being therapeutically present. The third domain reflects the actual in-session *experience of presence*. Presence is discussed as the foundation of Rogers' basic conditions of empathy, congruence, and unconditional positive regard and as the overarching condition that allows them to be expressed.

Zusammenfassung. Eine qualitative Studie mit erfahrenen Therapeutinnen und Therapeuten wurde durchgeführt, welche Befürworter dieses Konzeptes sind oder die über Präsenz und ihre Bedeutung veröffentlicht hatten. Basierend auf einer qualitativen Analyse von Therapeutenberichten wurde ein Arbeitsmodell zu therapeutischer Präsenz entwickelt. Drei Bereiche kristallisierten sich dabei heraus: Ein Bereich betrifft die *Bereitung des Bodens für Präsenz*. Er bezieht sich auf die Vorbereitung vor der Sitzung sowie die allgemeine Vorbereitung im gesamten Leben im Hinblick auf die therapeutische Präsenz. Der zweite Bereich beschreibt *den Prozess der Präsenz*, die Prozesse oder Aktivitäten, in denen die Person

sgeller@yorku.ca The authors would like to acknowledge all the therapists who offered their personal presence and wisdom to help us deepen our understanding of fully encountering another human being in the moment.

Therapeutic Presence

engagiert ist, wenn sie therapeutisch präsent ist. Der dritte Bereich reflektiert die tatsächliche *Erfahrung der Präsenz* während der Sitzung. Präsenz wird als die Grundlage von Rogers' Grundbedingungen der Empathie, der Kongruenz und der nicht an Bedingungen gebundenen Wertschätzung diskutiert und als die übergreifende Bedingung verstanden, welche die Voraussetzung dafür ist, dass diese drei ausgedrückt werden können.

Abstract. Se llevó a cabo un estudio cualitativo con terapeutas expertos quienes han manifestado su apoyo o escrito sobre la presencia y su importancia en psicoterapia. Basado en un análisis cualitativo de informes de terapeutas, se desarrolló un modelo de presencia terapéutica. Este incluye a tres esferas emergentes. Una esfera consiste en *preparar el terreno para la presencia*, refiriéndose a la *pre-sesión* y a la *preparación general en la vida* para una presencia terapéutica. El segundo dominio describe el *proceso de presencia*, los procesos o actividades en que la persona está involucrada cuando está terapéuticamente presente. El tercer dominio refleja la real *experiencia de presencia* en la sesión. La presencia es discutida como el fundamento de las condiciones básicas de Rogers de empatía, congruencia y validación positiva incondicional y como la condición que permite que éstas se expresen.

Presence has been described as one of the most therapeutic gifts a therapist can offer a client. To be fully present and fully human with another person has been viewed as healing in and of itself (Shepherd, Brown and Greaves, 1972). There are a number of references to the word 'presence' in the literature on psychotherapy. Presence is referred to as essential for good therapy and the key to being an effective therapist (Bugental, 1987, Hycner, 1993; Hycner and Jacobs, 1985; May, 1958; Schneider and May, 1995; Shepherd *et al.*, 1972; Webster, 1998). At the same time there are only global theoretically based definitions and explanations of what presence entails.

For example, Bugental (1978, 1983, 1987, 1989) defined presence by highlighting three components, an *availability and openness* to all aspects of the client's experience, *openness to one's own experience* in being with the client, and the *capacity to respond* to the client from this experience. Hycner (1993) stated that availability and wholeness of the therapist's self is crucial in the healing process, much more so than the therapist's theoretical orientation.

Presence is also described as an emptying out of self, of knowledge, of experiences and an opening up to the experience of the client (Clarkson, 1997). The therapist 'brackets' or suspends presuppositions, biases, general knowledge about people and psychopathology, diagnostic labeling and theories, in order to take in the uniqueness of the client (Hycner and Jacobs, 1995). The therapist needs to enter each session openly 'with an eye to discover what will be required of me in this relationship, during this particular time of this particular person's existence' (Craig, 1986, p. 23).

Therapeutic presence is defined as bringing one's whole self to the engagement with the client and being fully in the moment with and for the client, with little self-centered purpose or goal in mind (Craig, 1986; Hycner, 1993; Hycner and Jacobs, 1995; Kempler, 1970; Moustakas, 1986; Robbins, 1998; Webster, 1998).

Presence is referred to as an aspect of Buber's I–thou relationship (Buber, 1966; Friedman, 1985; Heard, 1993; Hycner, 1993, Hycner and Jacobs, 1995). According to Buber

(1958) 'all real living is meeting' (p. 11), and healing emerges from the meeting that occurs between the two people as they become fully present to each other. Buber stated that in being present we are 'hallowing the everyday', which allows space for the numinous and spiritual dimension to emerge (Hycner, 1993). The spiritual dimension refers to the belief that we are not isolated, but rather a part of a larger whole existence.

ROGERS AND PRESENCE: A FOURTH CONDITION OR A PRECONDITION OF THE RELATIONSHIP CONDITIONS?

Rogers' (1957) assertion — that the therapist's ability to be congruent, unconditionally positive and accepting and empathic was necessary and sufficient for psychotherapeutic change — was held by him for most of his life. In his later years, however, Rogers began writing about 'one more characteristic' that exists in the realm of the mystical and spiritual (Rogers, 1979; 1980; 1986). This 'characteristic' (see Rogers, 1980, p.129) has been referred to by client-centered writers as 'presence', and as a possible fourth condition of equal merit to the three core conditions (Thorne, 1992). Other writers view presence as a blending together of the relationship conditions (Mearns, 1994; 1997).

Rogers did not develop an articulated understanding of presence, as it was only beginning to unfold before his death. However, in an interview with Rogers published by Baldwin (2000), Rogers suggested the essential nature of presence:

I am inclined to think that in my writing I have stressed too much the three basic conditions (congruence, unconditional positive regard, and empathic understanding). Perhaps it is something around the edges of those conditions that is really the most important element of therapy — when my self is very clearly, obviously present (p. 30).

Rogers' reference to presence as a powerful healing component and an essential aspect of client-centered therapy was quite apparent in his later writings (Rogers, 1979; 1980; 1986), but absent in a posthumous article (Rogers and Sanford, 1989). It is unclear whether Rogers left out this developing aspect, or the editors decided it was not in keeping with classical client-centered perspective. Thorne (1992) posited that Rogers refrained from developing this concept as he was unable to study it empirically. Thorne is of the belief that had Rogers lived we would have heard a great deal more of presence, and that the theory and practice of person-centered therapy would have undergone major changes as a result.

The purpose of the current study is to describe and expand on an understanding of therapists' presence. To achieve this, an attempt was made to identify and explore therapists' reflective experience of presence and to develop a model of therapeutic presence, in order to further elucidate this hidden but important quality in psychotherapy.

METHOD

The goal of this study (Geller, 2001) was to identify and understand the quality of therapists' presence in the psychotherapeutic encounter from a qualitative analysis of therapists' reflections on their experience of presence.

Participants

Seven experienced therapists who were identified as authors or proponents of the concept of presence were interviewed on their experience of presence. All seven therapists had a minimum of 10 years' experience practicing psychotherapy and had an active therapy practice at the time of the interviews. Four therapists were from a humanistic/experiential theoretical background, one from a Cognitive-Behavioral (CBT) perspective, one from an Adlerian/Transpersonal perspective and one from an Eriksonian background. It is important to note that while the majority of therapists reflect a humanistic/experiential orientation, the CBT therapist was an experienced meditator and may have emphasized the importance of presence because of this, as presence is a central focus in meditation. Hence, generalizations on the role of presence across theoretical orientations cannot be made from this study.

Procedure

Therapists were provided a brief description of presence extracted from the literature, and asked to reflect upon their own experience of presence over their next few sessions with clients. At least one week after initial contact, the therapists were interviewed and audiotaped while describing their experience of presence. A general interview format was followed in which therapists were asked, in an interactive dialogue with the interviewer (SG), about different aspects of their experience, such as the physical, emotional and cognitive elements of presence.

Analysis

Transcriptions of the audiotaped interviews were used in a qualitative analysis and interpreted according to a method combining condensation and categorization of meaning (Kvale, 1996). This integrative approach entailed extracting the key components of presence from the transcripts and compressing them further and further into meaningful but briefer statements of presence. This involved the five-step process laid out in Kvale's (1996) book. First, the entire interview was read through to get a sense of the whole. Second, each transcript was reviewed sentence by sentence and meaning units were determined from the expressions of the therapists. Third, the theme that is expressed in the meaning unit was stated as succinctly as possible. Each meaning unit was either placed under an existing theme or a new theme was created. Themes that were identified in a minimum of two transcripts were used in the remainder of the analysis. Fourth, the themes with similar meaning and understanding with

respect to presence were placed under a higher-level categorization reflecting these commonalities. In the fifth stage, the essential, non-redundant themes and categories were tied together into yet another higher level of categorization which will be referred to as 'emergent domains'.

After much thought and consultation, three emergent domains were generated that subsumed all of the descriptive categories. These three emergent domains formed the foundation for a model on therapeutic presence.

An additional step was added to Kvale's methodology; the themes and emergent domains were rechecked with the original transcripts and quotations were extracted from the transcripts to further explicate the meaning of the themes and categories.

Two control checks of the analysis were implemented in this process. First, a second rater (LG) checked and rechecked the categories formed from the themes in the formation of the higher-order categories. The categorization was judged by the second rater to be grounded in the original data. Second, three expert therapists performed a reliability check by stating their agreement or disagreement on the themes and categories as reflecting essential aspects of presence. When a discrepancy existed between the categorizations and one other expert's opinion, there was discussion and, if agreed among raters, the changes were incorporated into the final presentation of the model of therapeutic presence.

A MODEL OF THERAPEUTIC PRESENCE

The model of therapeutic presence will be presented in three stages to represent the three major domains that emerged from the analysis. The first domain reflects the **preparation** for presence, the behaviors that enhance the capacity for presence to be experienced in session. The second domain focuses on the **process** that therapists engage in, or what the therapist *does*, while being therapeutically present. The third domain deals with the actual in-session **experience** of presence itself.

It is important to note that separating the totality of the experience of presence into aspects or parts is an exercise conducted to understand and explicate the many presumed dimensions of presence. Presence is a holistic subjective experience that loses its essential nature when analyzed in an objective manner. Hence, it is best to read each section while holding the totality of the experience of presence in one's awareness. Each part is not only an aspect of the whole but is, in actuality, a reflection of the whole.

Preparing the Ground for Therapeutic Presence

While the experience of therapeutic presence cannot be assured in a session, the capacity for presence can be enhanced through preparation. Preparation occurs *prior to or at the beginning of a session* as well as *in daily life*, which are the two sub-categories that emerged under the domain of preparing for presence.

Figure 1
A Model of Therapist Presence in the Therapeutic Relationship

<i>Preparing the Ground for Presence</i>	<i>Process of Presence</i>	<i>Experiencing Presence</i>
<p>Pre-session</p> <ul style="list-style-type: none"> · Intention for presence · Clearing a space · Putting aside self-concerns · Bracketing (theories, preconceptions, therapy plans) · Attitude of openness, acceptance, interest and non-judgment <p>In Life</p> <ul style="list-style-type: none"> · Philosophical commitment to presence · Personal Growth · Practicing presence in own life · Meditation · Ongoing care for self and own needs 	<p>Receptivity</p> <ul style="list-style-type: none"> · Open, accepting, allowing · Sensory/bodily receptivity · Listening with the third ear · Extrasensory perception/communication <p>Inwardly Attending</p> <ul style="list-style-type: none"> · Self as instrument · Increased spontaneity/creativity · Trust · Authenticity/congruence · Returning to the present moment <p>Extending and Contact</p> <ul style="list-style-type: none"> · Accessible · Meeting · Transparency/congruence · Intuitive responding 	<p>Immersion</p> <ul style="list-style-type: none"> · Absorption · Experiencing deeply with non-attachment · Present-centered (intimacy with moment) · Aware, alert, focused <p>Expansion</p> <ul style="list-style-type: none"> · Timelessness · Energy and flow · Inner spaciousness · Enhanced awareness, sensation and perception · Enhanced quality of thought and emotional experiencing <p>Grounding</p> <ul style="list-style-type: none"> · Centered, steady, grounded · Inclusion · Trust and ease <p>Being With and For the Client</p> <ul style="list-style-type: none"> · Intention for client's healing · Awe, respect, love · Lack of self-conscious awareness

Preparing: Prior to or at the beginning of a session

Therapists discussed the **intention** to bring their whole self to meet the client. This involves intentionally inviting oneself to be fully present. Therapists discussed using their breath as a focal cue or using encouraging self-statements in becoming present. For example, a therapist stated, 'I invite it. I ask for it . . . when I sit down with a client I call on my presence. I take deep breaths.'

Therapists described actively **clearing a space** inside by putting away personal concerns, needs and experiences from their daily life. Therapists shared specifically **letting go of self-concerns or issues**, including personal emotions, prior to and during a session. While putting aside personal needs and concerns can occur as part of clearing a space, it can also occur as a separate process ongoing in the session if distractions of a personal nature arise.

Therapists further described putting aside expectations, beliefs, preconceptions, categorizations, theories and plans of how the session should go, to enable them to approach the client with a sense of openness and curiosity. This concept is termed 'bracketing' in the literature (Hycner, 1993; Hycner and Jacobs, 1995).

Therapists described approaching the client with **an attitude of openness, interest, acceptance, and non-judgment** rather than through the lens of preconceived knowledge or beliefs. Some theorists have termed this quality *empty mind*, *beginner's mind* or *Zen mind* when approaching the session (Hycner, 1993; Welwood, 2000). The experiences that go into allowing for presence, such as clearing a space, openness and non-judgment, also serve to maintain the experience of presence itself.

Preparing: In life

Therapists interviewed discussed having a **philosophical commitment to presence** in their daily lives that in turn influenced their ability to be present in session with a client. This included therapists' commitment to their own **personal growth** as well as **practicing presence in their own lives**, with friends, partners, and in everyday encounters.

The majority of therapists interviewed discussed daily **meditation** as an important contribution to the development of therapeutic presence. A therapist described the experience of therapeutic presence itself as akin to a meditative state or being aware or mindful, which is a key aspect of *vipassana* or mindfulness meditation in Buddhism.

Therapists discussed **attending to their personal needs and concerns** on an ongoing basis outside of a session, as a means of increasing their ability to be present in session. One therapist commented that 'minimizing distractions . . . taking care of life, taking care of my own life — ensuring that there aren't unnecessary loose ends' helps one to be clearer and more available to clients.

The Process of Therapeutic Presence

The second domain reflects what the therapist *does* when in presence in session with a client, or the **process** of therapeutic presence, as distinguished from the third domain, which reflects what the therapist *experiences* when in presence. Three subcategories have emerged under the

process of therapeutic presence: *receptivity, inwardly attending, and extending and contact.*

There is a quality of movement or fluidity in the **process** of presence that demands therapists be fully immersed in each moment as it arrives. This fluidity aspect of presence refers to therapists' ability to move their attention between taking in the fullness of the client's experience (**receptivity**) to being in contact with how that experience resonates in the therapist's own body (**inwardly attending**) to expressing that inner resonance or directly connecting with the client (**extending and contact**). Said in another way, therapists touch and are touched by the essence of the client.

Receptivity

Receptivity involves fully taking into one's being, in a palpable and bodily way, the experience of a session in a way that is kinesthetic, sensual, physical, emotional and mental. Therapists described being involved with the client on multisensory levels. One therapist expressed her experience of receptivity as follows:

It's the difference between my looking out and seeing something, and bringing back information, and . . . inviting whatever wants to reveal itself to me to come . . . And so when I say letting it in, it's seeing, but not seeing only through the eyes. But seeing through all perceptions in a sense.

Receptivity demands a conscious intention and commitment to remain **open, accepting, and allowing** to all of the dimensions and experiences that arise. The **allowing** quality of receptivity is a distinct process of letting in experience and allowing it to flow through one's self, as opposed to observing experience from an emotional or clinical distance.

Therapists' experiences of the session and of the client's experience occurs on a **sensory** and bodily level. Therapists interviewed report experiencing in their body a resonance of what is occurring for the client in the session, and this **bodily receptivity** becomes a source of information and a guide for understanding and responding to the client.

In order to take in the fullness of the experience, therapists listen deeply to their clients with all of their senses and perceptions. This means more than just listening to the words stated by the client, but receiving what the client is expressing between sentences and beyond words. This was termed **listening with the third ear** by one of the experts consulted, a term borrowed from the work of Reik (1949). One therapist described this experience as follows:

I think it's just not listening to the words, listening to the tone, listening to what the person's bodily experience is somehow. I know that sounds a bit funny, but somehow listening with my body to their bodily experience.

Therapists reported an **extrasensory level of communication** that occurs between themselves and their clients when in presence. Therapists described this as an expanded or altered state of consciousness that involved a merging or 'sharing sacred space' with the client and hence the feelings become 'shared'. One therapist described it as an 'empathic resonance with a place that she wasn't even expressing'.

A therapist described feeling like a 'vessel of information . . . there's things sort of, again

this is esoteric language, sort of moving through me and connecting to me.' He acknowledged feeling connected to a 'larger sphere of something'. This relates to Rogers' later writings of an altered state of consciousness where information is channeled through the self that is relevant and accurate with respect to the client's healing process.

Inwardly attending

In the second process, the received experience is **inwardly attended** to. One therapist explained that 'I attend to everything that's true, that I experience inside of me. My own images, feelings, memories. All these things come up and they sort of inform me in the process.'

The therapist uses his- or herself **as an instrument** to understand the client and to know how to respond. As one therapist stated, responses tend to 'rise out of my experience with them (clients)'. Inward information can be experienced in the form of images, visions, intuitions, guiding voices, techniques, emotions or bodily sensations.

Therapists found that their inner experiences and responses are more **creative and spontaneous** when in therapeutic presence. One therapist described this aspect of therapeutic presence as 'doing things that could be unexpected and unconventional, unplanned'. Therapists claimed they are more **trusting** of these spontaneous and creative intuitions and images when they are present.

Being **authentic**, the inward component of **congruence** (Lietaer, 1993), is also a natural manifestation of presence. The therapist's feelings are available and the therapist is willing to experience them in the relationship with the client if it is of therapeutic benefit to the client.

Therapists described that being in contact with their own experience allows them to be aware when they are not present and to use that awareness to **return to the present moment**. When therapists are distracted, important opportunities to understand and to respond to the client can be missed.

Extending and contact

The third process that therapists engage in during the process of presence involves *extending* one's self and one's boundaries to the client and meeting and *contacting* the client in a very immediate way. Extending is the act of emotionally, energetically and verbally reaching outwards to the client, and offering one's internal self, images, insights or personal experience. Contact involves directly encountering and meeting the essence of the client, whether in shared silence or in verbal expression.

Therapists described making themselves **accessible** as human beings. With this accessibility, there is a greater opportunity for a true **meeting** to occur between them. The therapist may share his or her authentic self or genuine experience with the client. **Transparency** is the outward communication and expression to the client of the therapist's authentic internal experience, the outward component of **congruence** (Lietaer, 1993). Authentic sharing is guided by both what is alive in the moment and what may facilitate the client's healing process.

Therapists' described that in therapeutic presence, knowing how to respond to the client was an **intuitive** experience; images and words arose naturally in response to the client's

immediate experience. Therapists use their internal cues and bodily experience as a guide in responding.

The Experience of Presence

The third domain that emerged from the analysis of the interviews is therapists' actual in-session experience of presence. This domain is divided into four subcategories. The first subcategory reflects therapists' experience of being fully *immersed* in the experience of the moment with the client. The second subcategory is the experience of an *expansion* of awareness and sensation, being tuned into the many nuances that exist in any given moment with the client, within the self and within the relationship. The third subcategory involves therapists' sense of being *grounded* in their selves while entering the client's experiential world. Finally, the therapists discussed maintaining the intention to respond in a way that is *with and for the client's* healing process.

Immersion

Therapeutic presence involves being intimately engaged and **absorbed** in the experience of the moment, with therapists' attention and focus on the client and on the therapeutic encounter. Therapists described feeling is as if nothing else exists in the moment except the encounter with this other human being. Absorption includes a lack of distraction with anything 'outside the range of interaction with my patient'.

The experience of presence includes **experiencing deeply with non-attachment**, which involves being open and willing to be a part of whatever experience is emerging, while not attaching to it. This did not mean keeping a clinical distance, but referred to feeling the depth of the experience and then letting it go. Non-attachment also refers to a letting go of control of what will be experienced within one's self or from the client, or even of the outcome of the therapy. This involves being fully with the client in the process of therapy, however it turns out, without being directed by a particular outcome.

An essential part of the immersion aspect of presence is the ability to be **present-centered**. One therapist reflected on the 'nowness element of presence'. Therapists claimed that when in presence, they are intensely **focused, aware, and alert** in their moment-to-moment involvement with the client and the therapy session. The intense focus and awareness in presence allows for greater attention to detail. As one therapist noted, 'I'm much more aware of what the client is saying. The associated affect, the associated cognitions, the subtleties of it, the taste of it, the smell of it'.

Expansion

Being in the state of presence includes the experience of inner expansiveness both on a bodily level and on the level of consciousness. Therapists described a sense of inner spaciousness and even joy, accompanied by the experience of flow, energy and calm that is the backdrop to all felt experience. For example, while therapists are immersed in the pain and suffering of the client, they simultaneously experience an expansive state as if a part of something larger.

One therapist acknowledged feeling connected to a ‘larger sphere of something’.

In presence, there is a sense of **timelessness**. Time and spatial boundaries seem to drop away and the experience is one of merging or melding with one’s self, with the other, and with a larger field. One therapist described this experience as ‘much larger than thought. . . It transcends temporal boundaries, spatial boundaries, so that the, the feeling of being with this other person is a feeling of being in a timeless place.’ Therapeutic presence also involves a subtle balance between attending to linear time while feeling expanded into each moment as it is occurring.

Therapists noticed a feeling of **energy and flow**, a sense of inner vitality that accompanied presence. This sense of vitality is described by the therapists as heightened energy with a vibrancy felt in the body while one’s breath feels open and easy, an experience of calm alertness.

The feeling of **spaciousness** within oneself is described as a bodily sense of openness or expansion by therapists. While clearing a space is an active part of preparing for and inviting in the experience of presence, once presence is manifested, inner spaciousness becomes the essence of the experience itself, which in turn, helps to maintain presence.

This spacious quality relates to a sense of **enhanced awareness of sensation and perception** where feelings, bodily senses and intuitions are experienced with greater depth and palpability than typically experienced. Therapists revealed that the experience of presence enables them to experience their client’s voice tone, affective tone and body gestures, as well as their own thoughts, feelings and images, in great detail and with great acuity.

There is also an **enhanced quality of thinking and emotional experiencing** when in presence, whereby thoughts and emotions are alive and reflective of what is necessary and helpful to the client.

Grounding

There is a sense of *grounding* and inner connection that accompanies the experience of presence. The therapist may be immersed in the pain and suffering of the other, while held in a larger more expansive field of energy — but also feels grounded and centered in one’s self and one’s own personal existence. From this place of grounding one can enter deeply and wholly into the experience of the other.

Therapists describe feeling **centered, steady and whole**, even while simultaneously experiencing a range of difficult emotions. The experience reflects a sense of equanimity — amidst the pain or challenge of difficult emotions or experiences the therapist maintains a sense of calm. **Inclusion** is an extension of being centered, steady and whole by adding the component of entering the client’s world while maintaining a sense of one’s own personal existence.

Therapeutic presence involves a subtle line between being too distant and removed from the experience of the moment, and being overly involved and inside the client’s emotional state in a way that feels like a loss of a separate self. A therapist shared:

. . . it’s like being, feeling so steady so the client can go through all that and you are really aware of that terrible suffering, and the details of the suffering, but you feel so steady that it does not touch you.

Therapists talked about a sense of basic **trust**, in self, in the client, and in the process when in presence. The therapist trusts that even when difficult emotions emerge (for client or therapist), that the movement of therapy is towards a positive or healing direction for the client if the intention for healing is held.

Being with and for the client

In presence, therapists are fully in the moment in a way that is *with and for the client*; the meeting of the two for the benefit of the one. Therapists' actions and expressions are in the service of helping this other person who has sought out help.

According to the interviews conducted in this study, an important aspect of therapeutic presence is the **intention for the client's healing**. A therapist distinguished the intention to be in a healing process from the intention of facilitating a particular outcome. This means that being in a healing process with the client does not mean knowing what the person needs for healing. Rather, being there with the client while holding the intent for healing will allow what the client needs to emerge from within that person's core.

Therapists described experiencing feelings of **awe, wonder, warmth, compassion, and love** when in presence. Therapists used terms such as 'compassion', 'caring', 'profound respect', 'awe', and 'admiration' to describe their feelings towards the client when in presence. One therapist described that in presence, 'Internally I am experiencing profound respect, incredible compassion, and a willingness, openness to whatever is coming up.'

Being with and for the client also includes an **absence of ego involvement or self-consciousness**. Therapists discussed having a lack of self-conscious awareness of oneself as a therapist, professional, or any other label that would interfere with being wholly there in the moment with the client.

Therapeutic presence also includes an absence of rumination about self-concerns such as pains, fatigue, physical appearance. Overall, it is clear from the interviews that the experience of therapeutic presence is about a lack of concern with the self, coupled with an intention to deeply meet the client in a healing encounter.

DISCUSSION

The aim of this study was to develop a model illuminating therapists' process and experience of becoming and being present in the psychotherapeutic encounter with clients. This was achieved by conducting a qualitative analysis of expert therapists' experience of presence.

The model of presence developed in this study revealed three essential aspects of therapeutic presence (see Figure 1). One involves **preparing** the ground for therapists' presence to be experienced in session with a client; the second describes the process therapists engage in when in presence during a therapy session; and the third characterizes therapists' actual in-body **experience** of presence.

Therapeutic presence involves bringing one's whole self into the encounter with the client, being completely in the moment on a multiplicity of levels, physically, emotionally,

cognitively and spiritually. Therapeutic presence is being grounded in one's self, while receptively taking in the fullness of the client's in the moment experience. Therapeutic presence allows for a kinesthetic and emotional sensing of the others affect and experience through connecting to the client on a deep level. The inner receptive state of the therapist is the ultimate tool in understanding and sensitively responding to the client's experience and needs. This state is enhanced when therapists suspend or defocus from their own needs, hopes, concerns, beliefs or assumptions, and instead focus with their full attention on the client's process and what is occurring between them in the moment.

Presence can be viewed as a way that therapists monitor their experience in therapy. Through an enhanced sensitivity to the client's experience, therapists can use their selves as tools in understanding and responding to the client, as well as to sense how their responses are impacting clients. The therapist's bodily experience when therapeutically present is a reflection of an inner synthesis of the client's expressed and felt experience with the therapist's own lived experience and professional expertise. In therapeutic presence, the therapist's body is a receptor and a guide to the process of therapy.

Dual Level of Consciousness

Therapeutic presence involves a careful balancing of contact with the therapist's own experience and contact with the client's experience, while maintaining the capacity to be responsive from that place of internal and external connection. Robbins (1998) described presence as involving a 'dual level of consciousness' (p. 11), which was reflected in this study as therapists described the process of shifting from internal to external, from self to other, from being open and receiving to being responsive.

An examination of the model of therapeutic presence revealed many paradoxes in the experience of presence. For example, the dual level of consciousness requires therapists to balance the polar aspects of the subjective and the objective. Therapeutic presence requires the therapist to be deeply engaged and immersed in the client's experience, yet the therapist maintains an appropriate objectivity by being centered, unshaken, spacious and responsive to what is being experienced by the client.

Other paradoxes of therapeutic presence are reflected in that therapeutic presence requires the therapist to let go of theoretical knowledge, and yet to allow this knowledge to inform intuitive responses when it resonates with the experience of the moment. The therapist must also be open and receptive, yet maintain consistent focus. The therapist is also spontaneous, but only as it directly relates to or benefits the client.

Therapeutic Presence and Rogers' Relationship Conditions

Therapeutic presence is viewed from this research as the foundation of the relationship conditions of empathy, congruence and unconditional positive regard, which reflects the views of recent client-centered writers (Segrera, 2000; Schmid, 1998, 2002; Wyatt, 2000). The receptive position in presence allows the therapist to take in the experience of the client,

to be open to what is presented in the moment, and to provide the framework for which more alert and attuned hearing and kinesthetic sensing of the client can happen. Receptivity is viewed as necessary for therapists to be open and attuned to what is being experienced and hence the basis for which accurate understanding, acceptance and congruence can occur.

As well with presence, therapists use their bodily sense as a barometer and navigational tool in tuning into what is happening for the client and how to respond. In order to be acutely aware of the therapist's own experience and to genuinely share their experience with the client, therapists need to be immersed in the experience of the moment with the client. The body as a receptive tool is reflected in other client-centered writers. For example, Mearns (1994) noted when being present with a client 'I could feel his body with my own' (p. 6). Furthermore, Schmid (2002) pointed out that presence is like 'joint experiencing with the client' (p. 65). What therapeutic presence appears to add to empathy and congruence is the preliminary necessity of receptively being empty and open to receive the totality of the client's experience.

Therapeutic presence also adds to the relationship conditions a sense of grounding, which includes therapists trusting their own felt and expressed experience. With presence, the therapist is as close as possible to the client's experience while maintaining a sense of self as separate and whole. From this place of grounding, therapists can connect to a larger capacity for healing, as well as a more enhanced receptivity of the subtleties of the client's experience, which can in turn elevate therapist understanding of the client's experience. This grounding experience is not emphasized in person-centered literature, yet is deemed important by the authors to provide the base from which the therapist can enter fully into the clients' experience without being overwhelmed.

Presence can also be seen as the larger whole, an overarching condition by which empathy, congruence and unconditional regard can be expressed. While Mearns (1994) noted presence as a 'blending together of the three core conditions' (p. 7), we see the relationship conditions as a way that being fully in the moment is communicated to clients. It is possible that empathic communication, for example, is not only the therapist's way of saying 'I hear you,' but also 'I am open to whatever it is that you want to express.' Similarly, the transparency component of congruence can be an expression of 'I am open and connected to what I am experiencing in relation to you and respecting you enough to share it.' These responses could also communicate that 'I am here for you in this moment, I am here to be in healing encounter with and for you.'

This research helps explicate Rogers' later postulations about the nature of presence. We view therapeutic presence as the necessary foundation and precondition of the relationship conditions. Therapists' presence can be viewed as the condition of being fully receptive in the moment, and in immediate contact with the other's inner experience, which then allows the relationship conditions to emerge and be expressed. Schmid (2002) noted that Rogers speaks of contact as a precondition to the relationship conditions. We propose that deep relational contact is only possible with presence.

At the same time, we agree with Rogers, that therapists' presence is an embodiment of therapists' conditions (Baldwin, 2000). While presence and the relationship conditions are

different, the relationship conditions can be viewed as expressions of a deeper-level experience, that of being fully there in the moment with the client. Without presence the other conditions would not be possible. However, being present does not necessarily imply the therapist is empathic or congruent in a given moment. Instead, presence allows the conditions to be fully lived and expressed in different ways at different moments.

CONCLUSION

Therapists' presence is understood as the ultimate state of moment-by-moment receptivity and deep relational contact. It involves a *being* with the client rather than a *doing* to the client. It is a state of being open and receiving the client's experience in a gentle, non-judgmental and compassionate way, rather than observing and looking at or even into the client. Therapeutic presence means being willing to be impacted and moved by the client's experience, while still being grounded and responsive to the client's needs and experience. Therapists' presence involves a balance and dual level of awareness of being in contact with the client's experience and with one's own experience, while being able to reflect on what is occurring with and between the two people. Being fully open and receptive to the experience of the moment involves sensitivity to the details of experience, while being in touch with a larger state of expansiveness and a sense of grounding in one's self.

Therapeutic presence is also viewed as a foundation and necessary precondition to the relationship conditions of empathy, congruence and unconditional positive regard. It is postulated that empathy and congruence may be one way that presence is expressed in the therapeutic encounter.

REFERENCES

- Baldwin, M. (2000). Interview with Carl Rogers on the use of the self in therapy. In M. Baldwin (Ed.) *The Use of Self in Therapy, 2nd edn.* New York: Haworth Press, pp. 29–38.
- Buber, M. (1958). *I and Thou, 2nd edn.* New York: Charles Scribner.
- Buber, M. (1966). *Between Man and Man.* New York: Macmillan.
- Bugental, J. F. T. (1978). *Psychotherapy and Process.* Menlo Park: Addison-Wesley.
- Bugental, J. F. T. (1983). The one absolute necessity in psychotherapy. *The Script, 13*, 1–2
- Bugental, J. F. T. (1987). *The Art of the Psychotherapist.* New York: Norton.
- Bugental, J. F. T. (1989). *The Search for Existential Identity.* San Francisco: Jossey-Bass.
- Clarkson, P. (1997). Variations on I and Thou. *Gestalt Review, 1*, 56–70.
- Craig, P. E. (1986). Sanctuary and presence: An existential view of the therapist's contribution. *The Humanistic Psychologist, 14*, 22–8.
- Friedman, M. (1985). *The Healing Dialogue in Psychotherapy.* New York: Jason Aronson.
- Geller, S. M. (2001). Therapists' Presence: The development of a model and a measure. Unpublished doctoral dissertation, York University: Toronto, Canada.
- Heard, W. G. (1993). *The Healing Between: A clinical guide to dialogic psychotherapy.* San Francisco:

- Jossey-Bass.
- Hycner, R. (1993). *Between Person and Person: Toward a dialogical psychotherapy*. New York: Gestalt Journal Press.
- Hycner, R. and Jacobs, L. (1995). *The Healing Relationship in Gestalt Therapy: A dialogical/self psychology approach*. New York: Gestalt Journal Press.
- Kempler, W. (1970). The therapist's merchandise. *Voices*, 5, 57–60.
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. London: Sage.
- Lietner, G. (1993). Authenticity, congruence, and transparency. In D. Brazier (Ed.) *Beyond Carl Rogers*. London: Constable, pp. 17–46).
- May, R. (1958). Contributions to existential therapy. In R. May, E. Angel and H. Ellenberger (Eds). *Existence: A new dimension in psychiatry and psychology*. New York: Basic Books, pp. 37–91.
- Mearns, D. (1994). *Developing Person-centred Counselling*. London: Sage.
- Mearns, D. (1997). *Person-centred Counselling Training*. London: Sage.
- Moustakas, C. (1986). Being in, being for, and being with. *The Humanistic Psychologist*, 14, 100–4.
- Reik, T. (1949). *Listening with the Third Ear: The inner experience of a psychoanalyst*. New York: Farrar, Straus.
- Robbins, A. (Ed.) (1998). *Therapeutic Presence: Bridging expression and form*. London: Jessica Kingsley Publishers.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 97–103.
- Rogers, C. R. (1961). *On Becoming a Person*. Boston: Houghton Mifflin.
- Rogers, C. R. (1979). The foundations of the Person-Centered Approach. *Education*, 100, 96–107.
- Rogers, C. R. (1980). *A Way of Being*. Boston: Houghton Mifflin.
- Rogers, C. R. (1986). Client-centered therapy. In I. L. Kutash and A. Wolf (Eds). *Psychotherapist's Casebook: Theory and technique in the practice of modern therapies*. San Francisco: Jossey-Bass.
- Rogers, C. R. and Sanford, R. C. (1989). Client-centered psychotherapy. In H. I. Kaplan and B. H. Sadock (Eds). *Comprehensive Textbook of Psychiatry*, V. Baltimore, MD: Williams and Wilkins, pp. 1482–501.
- Schmid, P. F. (1998). 'Face to face': The art of encounter. In B. Thorne and E. Lambers (Eds). *Person-centered Therapy: A European perspective*. London: Sage, pp. 74–90 .
- Schmid, P. F. (2002). Presence — Im-media-te co-experiencing and co-responding: Phenomenological, dialogical and ethical perspectives on contact and perception in person-centred therapy. And beyond. In G. Wyatt and P. Sanders (Eds). *Contact and Perception*. Ross-on-Wye, UK: PCCS Books, pp. 182–203.
- Schneider, K. J. and May, R. (1995). *The Psychology of Existence: An integrative, clinical perspective*. New York: McGraw-Hill.
- Segrera, A. (June 2000). *Necessary and sufficient conditions*. Paper presented at ICCCEP Conference: Chicago.
- Shepherd, I., Brown, E. and Greaves, G. (1972). Three-on-oneness (Presence). *Voices*, 8, 70–7.
- Thorne, B. (1992). *Carl Rogers*. London: Sage.
- Webster, M. (1998). Blue suede shoes: The therapist's presence. *Australian and New Zealand Journal of Family Therapy*, 19, 184–9.
- Welwood, J. (2000). *Toward a Psychology of Awakening*. Boston: Shambhala Publications.
- Wyatt, G. (June 2000). *Presence: Bringing together the core conditions*. Paper presented at ICCCEP Conference: Chicago.